

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/008664

FILING DATE

1/10/98

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
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42		/				
43		/				
44	/					
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.		1		1		1
TOTAL DEP.						
TOTAL CLAIMS		1		1		1

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52						
53						
54						
55						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	5					
TOTAL DEP.		46				
TOTAL CLAIMS	51					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS